Name in Full #5994

Alonzo B. Cochran

Certificate of Death

Died at Springfield Hospital, Town; Carroll, County; Sykesville, MARYLAND

Date 1900 — Month 2, Day 12½; Age Y. 33, M. —, D. —; Native of Md.; Occupation Lalesman

~~Male~~ ~~Female~~ ~~White~~ ~~Colored~~ Married ~~Single~~ ~~Widow~~ ~~Widower~~ Divorced

Number of children living One

Husband ~~Wife~~ of May Cochran

Father's Name Alonza F. Cochran

Mother's Name Elizabeth Cochran

Cause of Death — Primary: General Paresis 45 — How long sick Last Illness 3 Weeks

Immediate: Exhaustion — ~~Accident, Suicide, Homicide~~

Reported by D. C. Clelland M.D.

Address 2nd Hospital. Sykesville, Md.

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU. 79895

Name in Full — Certificate of Death

William Henry Crook

Town: Winfield — County: Carroll — MARYLAND

Died at

Date 1900 — Month: Feb — Day: 11 — Age: Y. 94 M. 1 D. 15 — Native of: N. J. — Occupation: Retired farmer

Male — ~~Female~~ — White — ~~Colored~~ — Married — ~~Single~~ — ~~Widow~~ — ~~Widower~~ — ~~Divorced~~ — Number of children living: two

Husband ~~Wife~~ of: Charlotte D. W. Crook

Father's Name: Samuel Crook — Mother's Name: Caltorine Crook

Cause of Death — Primary: Muscular Rheumatism — How long sick: two years

Immediate: Nervous prostration — ~~Accident, Suicide, Homicide~~

Reported by: E. G. & A. W. Crook

Address: Winfield Md

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 79705

Name In Full

Certificate of Death

Miss Lucy DeJong

Died at Town: Slack's Corner County: Carroll MARYLAND

Date 1900 Month: 2nd Day: 26 Age Y. 17 M. 11 D. — Native of Holland Occupation none

~~Male~~ White ~~Married~~ ~~Widow~~ ~~Divorced~~

Female ~~Colored~~ Single ~~Widower~~ Number of children living One

Husband / Wife of none

Father's Name Peter Defong

Mother's Name Mary Desong.

Cause of Death — Primary: Tuberculosis 226

Immediate: Exhaustion

How long sick 15 months

~~Accident, Suicide, Homicide~~

Reported by Dr Daul B. Sprecher

Address Tylersville Md.

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 65968

Name in Full — Certificate of Death

Louisa R Offutt

Died at Town: Westminster County: Carroll — MARYLAND

Date 1900 Month: Feb Day: 18 | Age Y. 63 M. 2 D. 12 | Native of Md. | Occupation —

~~Male~~ White ~~Married~~ ~~Widow~~ ~~Divorced~~

Female ~~Colored~~ Single ~~Widower~~ ~~Number of children living~~

~~Husband~~ of —

Father's Name John Offutt Sr. — Mother's Name —

Cause of Death: Primary — — How long sick —

Immediate Convulsions — ~~Accident, Suicide, Homicide~~

Reported by Chas R Fouts. M.D.

Address Westminster Md.

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 79706

Name in Full Wesley W. Ebaugh

Certificate of Death

Died at Town Hampstead County Carroll MARYLAND

Date 19 1900 Month 2 Day 22 | Y. 44 M. ~ D. 2 | Native of | Occupation

Male ~~Female~~ | White ~~Colored~~ | ~~Married~~ Single | ~~Widow~~ Widower | ~~Divorced~~ | ~~Number of children living~~

Husband of
Wife

Father's Name Henry Ebaugh | Mother's Maiden Name

Cause of Death: Primary 1 | How long sick 1 week

Immediate Typhoid Pneumonia | Accident, Suicide, Homicide

Reported by # Hampstead Enterprise

Address

2 - 2 - 1900

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 70909

Name in Full — Certificate of Death

Lydia Elizabeth Elgin

Died at — Town: Woodbine — County: Carroll — MARYLAND

Date 1900 — Month: Feb 17 — Age: Y. 26 M. D. — Native of: Md — Occupation: housekeeping

~~Male~~ / Female — White / ~~Colored~~ — Married / ~~Single~~ — ~~Widow~~ / ~~Widower~~ — ~~Divorced~~ — Number of children living: one d.

Husband / Wife of: Henry E. Elgin

Father's Name: Levi Weibel — Mother's Name: Anna Christ Weibel

Cause of Death — Primary: Typhoid Pneumonia — How long sick: three weeks

Immediate: Peritonitis — ~~Accident, Suicide, Homicide~~

Reported by: A. M. Crouse

Address: Winfield Md

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 78706

Name in Full

Certificate of Death

John. Galt ✓

Died at Town Westminster County Carroll MARYLAND

Date ~~1899~~ 1900 Month Feb Day 1st | Age Y. 74 M. — D. — | Native of Md. | Occupation Retired farmer

Male ~~Female~~ | White ~~Colored~~ | Married ~~Single~~ | ~~Widow~~ ~~Widower~~ | ~~Divorced~~ | Number of children living 3

Husband / Wife of

Father's Name

Mother's Name

Cause of Death — Primary: Cancer of the Stomach — How long sick: about 3 Months

Immediate

Accident, Suicide, Homicide

Reported by Frank C Shaum undertaker

Address Westminster Md

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 70708

Name in Full

Certificate of Death

#597 Charles A. Emerson

Town

County

Died at Carroll — MARYLAND

Date, 1933 Month Feb. Day 4 | Age Y. 35 M. — D. — | Native of Ohio | Occupation Agent

Male ~~Female~~ | White ~~Colored~~ | Married ~~Single~~ | ~~Widow~~ Widower | ~~Divorced~~ ~~Number of children living~~

Husband of

Wife

Father's Name

Mother's Name 22a

Cause of Death: Primary Pul. Tuberculosis

Immediate Asthenia

How long sick Sick - 4 yr

~~Accident, Suicide, Homicide~~

Reported by Dr. T. H. Brown

Address Catonsville Md to St. Agnes Hospital

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 79898

Name in Full

Certificate of Death

Annie M. Gruber

Died at Town: Westminster County: Carroll MARYLAND

Date 1940 Month: Feb Day: 23 | Age Y. 78 M. 10 D. 6 | Native of | Occupation

~~Male~~ Female | ~~White~~ ~~Colored~~ | ~~Married~~ ~~Single~~ Widow ~~Widower~~ | ~~Divorced~~ | Number of children living

Husband of
Wife

Father's Name

Mother's Name

Cause of Death: Primary —

Immediate Senile Debility

How long sick About 6 mos

~~Accident Suicide Homicide~~

Reported by Chas. K. Fouts, M.D.

Address Westminster Md.

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 79706

Name in Full

Certificate of Death

Samuel Hoffman

Died at New Windsor (Town) Carroll (County) MARYLAND

Date 19 or Month 2 Day 1 | Age Y 88 M. D. | Native of | Occupation

Male ~~Female~~ | White ~~Colored~~ | Married Single | Widow Widower | Divorced

Number of children living

Husband ~~Wife~~ of Margaret Wolf

Father's Name

Mother's Maiden Name

Cause of Death { Primary 161

Immediate

How long sick

Accident, Suicide, Homicide

Reported by Carroll Record 2-3

Address

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 70808

Name in Full — Houser

Certificate of Death

Died at Town Bachman's Valley County Carroll MARYLAND

Date 19 00 Month 2 Day 28 | Y. 7 M. D. | Native of | Occupation

~~Male~~ Female | White ~~Colored~~ | ~~Married~~ Single | Widow Widower | ~~Divorced~~ Number of children living

Husband of
Wife

Father's Name

Mother's Maiden Name

Cause of Death { Primary 146 a
Immediate Burns

How long sick

Accident, Suicide, Homicide

Reported by Hampstead Enterprise

Address

3-2-1900

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU 70838

Name in Full

Certificate of Death

#5979 Bertha Kemp

Died at Town: Carroll County: — MARYLAND

Date 1900 Month: Feb. Day: 7 | Age Y.: 23 M.: — D.: — | Native of: Baltimore | Occupation:

~~Male~~ Female | White ~~Colored~~ | ~~Married~~ Single | Widow ~~Widower~~ | ~~Divorced~~ Number ~~of~~ children living

Husband of

Wife

Father's Name

Mother's Name

Cause of Death: Primary: Endocarditis 57

Immediate: Asthenia

How long sick: Jan 25th

Accident, ~~Suicide~~, ~~Homicide~~

Reported by: Dr. Geo. J. Preston

Address: Medical Examiner for Asylum Hospital

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 70808

Name in Full

Certificate of Death

Lewis Henry Knox

Died at Town: Gamber County: Carroll MARYLAND

Date ~~Dec~~ 1900 Month: Feb Day: 20

Age Y. 62 M. 6 D. 20

Native of Maryland

Occupation Farmer

~~Male~~ / ~~Female~~

White / ~~Colored~~

Married / ~~Single~~

~~Widow~~ / ~~Widower~~

~~Divorced~~

Number of children living 4

Husband / ~~Wife~~ of Mary Ellen Hill

Father's Name Ezekiel Knox

Mother's Name Mary A. Bailey

Cause of Death — Primary: Pulmonary Tuberculosis

How long sick 18 mos

Death — Immediate: Heart Failure

~~Accident, Suicide, Homicide~~

Reported by Wm. S. McCauley

Address Gamber Md

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 79706

Name In Full

Certificate of Death

Kate Leakins

Died at Town: Wakeville County: Carroll MARYLAND

Date 19 00 Month: Feb Day: 18

Age Y. M. D.

Native of: Md

Occupation

~~Male~~ Female

~~White~~ Colored

~~Married~~ Single

~~Widow~~ ~~Widower~~

~~Divorced~~

Number of children living

Husband of

Wife

Father's Neme

Mother's Maiden Name

Ceuse of Deeth: Primary: Paralyzed

Immediete: Heart Failure

How long sick

Accident, Suicide, Homicide

Reported by: J. W. Lacy, M.D.

Address: Lisbon Md

Must be signed by physicien, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 79698

Name in Full

Certificate of Death

*6966 Mary Lynch

Town

County

Died at Carroll MARYLAND

Month	Day	Y.	M.	D.	Native of	Occupation
Date 1897 Feb.	2	Age 22	-		Ireland	Servant

~~Male~~ Female | White ~~Colored~~ | ~~Married~~ Single | ~~Widow~~ Widower | ~~Divorced~~ Number of children living

Husband of

Wife

Father's Name

Mother's Name

Cause of Death: Primary Scurvy 3

Immediate Asthenia

How long sick Oct. 25th, 1899

~~Accident~~, Suicide, ~~Homicide~~

Reported by Dr. T. Dunn

Address Irving House [redacted] St. Agnes Hospital

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 79R98

Name in Full — Certificate of Death

Charles. Mauger

Died near Town Westminster County Carroll MARYLAND

Date 1900 Month 2 Day 1 | Age Y. 19 M. 10 D. 28 | Native of Md | Occupation Farmer

Male ~~Female~~ | White ~~Colored~~ | Married ~~Single~~ | ~~Widowed~~ Widower | ~~Divorced~~ | Number of children living none

Husband ~~Wife~~ of Carrie (Wagoner.

Father's Name Geo Mauger | Mother's Name Amand Mauger

Cause of Death — Primary / Immediate: Typhoid Fever | How long sick 2 weeks

Accident, Suicide, Homicide

Reported by Jas. Glover

Address Westminster Md

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU. 78706

Name in Full

Certificate of Death

Emily Murrell

Died at Bel Air (Town) Harford (County) MARYLAND

Date 19 05 Month 2 Day 18 | Age Y. 93 M. D. | Native of | Occupation

~~Male~~ Female | White ~~Colored~~ | ~~Married~~ Single | ~~Widow~~ ~~Widower~~ | ~~Divorced~~ ~~Number of children living~~

Husband of
Wife

Father's Name

Mother's Maiden Name

Cause of Death { Primary 161 | How long sick

Immediate | Accident, Suicide, Homicide

Reported by Bel Air Times 2-24

Address

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU 70608

Name in Full

Certificate of Death

Laura Marie Myers

Died at Town Westminster County Carroll MARYLAND

Date 19a Month Feb Day 19 | Age Y. 9 M 27 D. | Native of Md | Occupation —

~~Male~~ Female | White ~~Colored~~ | ~~Married~~ Single | ~~Widow~~ Widower | ~~Divorced~~ Number of children living

Husband Wife of

Father's Name Laird K. Myers

Mother's Name Emma E Matthews

Cause of Death: Primary Pneumonia — How long sick 10 days

Immediate — Accident, Suicide, Homicide

Reported by Frank R Shaner. undertaker

Address Westminster Md

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU. 79708

Name in Full #6923 Certificate of Death

Arthur Francis (Joseph Eugene)

Died at Town Laurel County — MARYLAND

Date 1920 Month Feb. Day 19 | Age Y. 50 M. — D. — | Native of Ireland | Occupation Teacher

Male ~~Female~~ | White ~~Colored~~ | ~~Married~~ Single | ~~Widow~~ Widower | ~~Divorced~~ ~~Number of children living~~

Husband of —
Wife

Father's Name —

Mother's Name

Cause of Death: Primary Bronchial Asthma 5-7 | Immediate .. Asthma

How long sick Feb. 15th 20

~~Accident, Suicide, Homicide~~

Reported by Dr. Geo J. Preston M.D.

Address Md. Laurel [redacted] Dr Agnes Hospital

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 79898

Name in Full

Certificate of Death

John. Robinson

Died at near Town Westminster County Carroll MARYLAND

Date 1900 Month Feb Day 5th | Age Y. 70 M. — D. — | Native of Md | Occupation Laborer

Male ~~Female~~ | White ~~Colored~~ | Married ~~Single~~ | ~~Widow~~ ~~Widower~~ | ~~Divorced~~

Number of children living 4

Husband / Wife of Sallie Beaver

Father's Name

Mother's Name

Cause of Death: Primary Paralysis — How long sick about 1 Month

Immediate — Accident, Suicide, Homicide

Reported by Frank E Shaver undertaker

Address Westminster Md

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 79706

Name in Full — Certificate of Death

Susan Routzahn

Died at Town: Frizzelburg County: Carroll MARYLAND

Date 1900 Month 2 Day 16 Age Y. 80 M. 5 D. 2 Native of Md Occupation Housekeeper

~~Male~~ Female — White — ~~Married~~ Single — Widow — ~~Divorced~~ — Number of children living 7

~~Husband~~ Wife of David Routzahn (Deceased)

Father's Name — Mother's Name

Cause of Death: Primary — Immediate: Pneumonia — How long sick 1 week

Accident, Suicide, Homicide

Reported by Jas. M. Stoner

Address Westminster

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU. 65968

Name in Full

Cora A. Roger

Certificate of Death

Died at Town: Medford County: Carroll MARYLAND

Date 1900 Month: Feb. Day: 20

White ~~Colored~~

Female

Age Y. 38 M. 1 D. 15

Married ~~Single~~ ~~Widowed~~ ~~Divorced~~

Native of Maryland

Occupation Housework

Number of children living 6

Husband / Wife of Wm H. Roger

Father's Name Jacob Zacharias

Mother's Name Sarah Arndorff

Cause of Death — Primary: Effusion

How long sick 5 days

Immediate: Pleura Pneumonia

~~Accident~~ ~~Suicide~~ Homicide

Reported by Chas. K. Foutz M.D.

Address Westminster Md.

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 79706

Name In Full

Certificate of Death

Jacob. Sharetts

Died at Town Brunswick County carroll MARYLAND

Date 1900 Month Feb. Day 25 | Age Y. 82 M. 5 D. 12 | Native of Pennsylvania | Occupation Farmer.

Male ~~Female~~ | White ~~Colored~~ | ~~Married~~ ~~Single~~ Widower ~~Widow~~ | ~~Divorced~~ | Number of children living 8

Husband ~~Wife~~ of Sarah Kerlinger

Father's Name Frederick Sharetts | Mother's Name

Cause of Death: Primery; Immediate | How long sick

Accident, Suicide, Homicide

Reported by G. R. Thurkel.

Address Union Bridge Md

Must be signed by physicien, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 70668

Name In Full — Certificate of Death

Mary S Stultz,

Town — County

Died at Union Bridge Carroll MARYLAND

Date 1900 — Month Feb. Day 6 — Age Y. 74 M. 9 D. — Native of Maryland — Occupation Housewife

~~Male~~ Female — White — ~~Colored~~ — Married — ~~Single~~ — Widow — Widower — Divorced — Number of children living

~~Husband~~ Wife of Emanuel H. Stultz

Father's Name Jonathan Shepherd — Mother's Name Ruth Fraher

Cause of Death — Primary Consumption, — How long sick 2 years

Immediate 22a — Accident, Suicide, Homicide

Reported by G. R. Dorsett

Address Union Bridge Md.

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 70008